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The Image of the Public Health Nurse as Seen by the Medically Indigent Prenatal Patient

Arlene Parrish Gray

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LOMA LINDA UNIVERSITY

Graduate School

THE IMAGE OF THE PUBLIC HEALTH NURSE

AS SEEN BY THE

MEDICALLY INDIGENT PRENATAL PATIENT

by

Arlene Parrish Gray and Corlene Waddell Lambeth

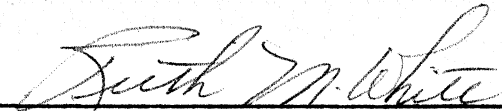
A Thesis in Partial Fulfillment


of the Requirements for the Degree

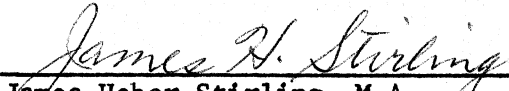
Master of Science in the Field of Nursing

May 1966

Each person whose signature appears below certifies that he has read this thesis and that in his opinion it is adequate, in scope and quality, as a thesis for the degree of Master of Science.


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Arlene Parrish Gray

and

Corlene Waddell Lambeth

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CHAPTER I

INTRODUCTION TO STUDY

It is interesting to note that a picture or image flashes through our minds when reference is made to most occupations. Some of these pictures are based on careful judgments of past experiences with the occupants, but others seem to be strangely warped and perverted stereotypes. These public images are of the utmost importance to the members of the occupation whether they are real or unreal, true or false. It must be remembered that "the image is real to the person who holds it." That person behaves as though it were real. The significance of this fact is that the image, to a great extent, determines a person's initial relationship with the holder of that occupation. His acts have very real consequences. ¹

Simmons stated, "The significance of the image lies not in its validity; but in the firmness and vigor with which it is held and the influence that it exerts on human behavior." ² In public health nursing the emphasis is on communication at the patient's level. Yet it cannot be assumed that we always communicate what is intended. ³ Because of this problem, the researchers, as public health nurses, are concerned with the

¹Robert P. Bullock, What Do Nurses Think of Their Profession? Final Report to the Ohio State Nurses' Association (Columbus: The Ohio State University Research Foundation, 1954), pp. 26-27.

²Leo W. Simmons and Virginia Henderson, Nursing Research: A Survey and Assessment (New York: Appleton-Century-Crofts, 1964), p. 19.

³Edward T. Hall, The Silent Language (Greenwich: Fawcett Publishers Inc., 1965), p. 38.

effect that image has on their relationships with patients and the use of their services. This concern has led to this study which is to ascertain the image of the public health nurse as seen by the medically indigent prenatal patient who has had a nursing visit in the home. With this knowledge, the public health nurse could plan a more effective approach, provide better services, and be better prepared to meet the needs of the prenatal patient.

Medically indigent prenatal patients were chosen as the population for this study because they are in a high risk group and their use of the public health nurse is critical. The under-privileged do not seek health services as readily as those in the higher socio-economic groups.⁴ This is exemplified by the fact that among deprived socio-economic groups the lack of prenatal care is increasing at the rate of two per cent each year. These same women show a higher incidence of obstetrical and perinatal hazards such as toxemia, anemia, and prematurity.⁵

Some of the ramifications of this study were to explore the patients' concepts of the public health nurse's functions and her personal characteristics; and also to identify influences affecting image formation. The study did not seek to compare the quality of service rendered by the public health nurses.

"Image" was defined as a mental representation or symbol of a person

⁴Lalla Mary Goggans, "Maternity & Newborn Care" (Paper read at the Maternity and Newborn Care Workshop, New York City, July 6, 1964), p. 3.

⁵Ibid., p. 2.

in a particular role not actually present to the senses, a picture drawn by the fancy, a concept, an idea, or stereotype.⁶ "Public health nurse," in this study, referred to any registered nurse who functions as a public health nurse representing an official health agency. "Medically indigent" referred to patients who, because of circumstances, number of children, or other expenses are unable to afford private care. This does not necessarily mean that they are on public welfare.

Limitations set for this study were that only those who had had at least one home visit by the public health nurse and who spoke English well enough to communicate with the interviewers were interviewed.

For the purpose of this study it was assumed that: (1) socio-economic levels of the sample were comparable as all were eligible for county hospital care, (2) those in the sample were capable of expressing their ideas in response to the interview questions,⁷ and (3) even one public health nursing contact, in which direct service was received, influences the patients' concepts of the public health nurse.⁸

No research studies were found in the selective review of literature on this problem. Literature was reviewed to give background information on image formation, the image of the nurse in general, and pertinent infor-

⁶"Image," Webster's Collegiate Dictionary (Springfield: G. & C. Merriam Co., Publishers, 1948), p. 497; and Wayland Hayes and Rena Gazaway, Human Relations in Nursing (Philadelphia: W. B. Saunders Co., 1959), p. 48.

⁷Adele Thaxton, "Teaching Expectant Parents What They Want to Know," American Journal of Nursing, 62:112, May, 1962.

⁸Hayes and Gazaway, op. cit., p. 269.

mation to aid in the analysis of the data.

The exploratory approach was chosen as the method of research for this study. The following areas relating to the public health nurse were explored: concepts of her as a person, her functions, and how her image compares with other helping professions. Factors which might influence image formation were: socio-economic status, culture, marital status, age, education, previous contact with the public health nurse, past information, and gravidity. Deutscher's findings from a large study on the public image of the nurse held that the lower class was more favorable to nurses than the middle class; and the upper class was the least favorable of all groups.⁹ Saunders reported that:

When the practice of medicine involves the application of elements of the institution of medicine in one culture to people of another, or from one subculture to members of another subculture within the same cultural group, what is done or attempted by those in the healing roles may not be fully understood or correctly evaluated by those in the patient roles. Conversely, the responses of those on the patient side of the interaction may not conform to the expectations of those on the healing side. To the extent that this occurs, the relationship may be unsatisfactory to everyone concerned.¹⁰

Others have found training and education or knowledge to be important influencing factors in image formation.

The interview technique was used. The sample population of one-hundred was chosen by simple random sampling from the available charts

⁹Everett Hughes, Helen Hughes, & Irwin Deutscher. Twenty Thousand Nurses Tell Their Story (Philadelphia: J.B. Lippincott Co., 1958), p. 224.

¹⁰Lyle Saunders, Cultural Differences and Medical Care (New York: Russell Sage Foundation, 1954), p. 8.

in prenatal clinic at one county hospital. Each patient was interviewed with the aid of an interview guide containing primarily closed-ended questions to insure "a common frame of reference on everyone."¹¹ The researchers were identified as university students to the respondents. Because the interviews were conducted in a clinical setting, the possibility must be considered that the patients might have associated the interviewers with the nursing profession. However, there was no indication on the part of the respondents that this was the case. The data collected were numerically coded and keypunched on IBM cards for sorting purposes. Because the study was exploratory in nature with its purpose being merely to record what is found and point toward hypothesis rather than test them, no statistical tests were performed on the data.¹²

¹¹ Robert L. Thorndike and Elizabeth Hagen, Measurement and Evaluation in Psychology and Education (New York: John Wiley and Sons, Incorporated, 1955), p. 341.

¹² Thomas C. McCormick and Roy G. Francis, Methods of Research in the Behavioral Sciences (New York: Harper and Brothers Publishers, 1958), p. 24; Matilda White Riley, Sociological Research (New York: Harcourt, Brace and World Incorporated, 1963), pp. 68-69; and Claire Selltiz and others, Research Methods in Social Relations (New York: Holt, Rinehart, and Winston, 1965), pp. 64-65.

CHAPTER II

ANALYSIS AND INTERPRETATION OF DATA

The data of this study was obtained and interpreted from interviews of one-hundred medically indigent prenatal patients in a county hospital prenatal clinic. Biographical data describing the patients included level of education, husband's state of employment, ethnic background, age, marital status, and gravidity. Personal identifying factors are listed in Table XV.

The educational level of the patients ranged from the third to the fifteenth grades. The mean was 9.34 grades; however, over half had completed eleven to twelve grades of school. In most of the homes represented, the man was either out of the household or steadily employed. The ethnic groups of the population consisted primarily of White-Americans, Mexican-Americans, and Negroes, with the majority being White-Americans and Mexican-Americans. The mean age was twenty-four, possibly because the population were all in the childbearing years. The majority were married. The number of pregnancies, gravidity, ranged from one to more than eight; with the modal range two to four.

Because this study was limited to patients having had at least one public health nursing home visit, the first question, "Has the Public Health Nurse ever visited you?" was a qualifying question. Those who were uncertain as to whether or not a public health nurse had visited them were automatically eliminated. This question referred to visits made at any time, not necessarily during the present pregnancy.

TABLE I
BIOGRAPHICAL DATA DESCRIBING 100 RESPONDENTS
PARTICIPATING IN STUDY

Biographical Data	Number
<u>Education</u>	
8 or less grades	15
9-10 grades	32
11-12 grades	49
13-14 grades	3
15 or more grades	1
<u>Husband's State of Employment</u>	
unemployed	15
out of household	34
occasional employment	18
steady employment	33
<u>Ethnic Background</u>	
White-American	41
Mexican-American	38
Negro	20
Other	1
<u>Age</u>	
less than 15	0
15-19	39
20-24	29
25-29	13
30-34	10
35-39	8
40 and over	1
<u>Marital Status</u>	
Single	25
Married	59
Divorced	4
Widowed	1
Separated	11
<u>Gravida</u>	
one	28
2-4	36
5-7	23
8 or more	13

In response to the question, "How many times has she visited you?" (question 2), forty-two per cent responded that she had visited once, thirty-nine per cent responded two to five times, and nineteen per cent stated she had visited them more than five times.

In the county involved in this study, the public health nurses routinely receive referrals to visit all county hospital prenatal patients. Sixty-six per cent of the sample, (question 3), had been visited during the present pregnancy by a public health nurse. The remaining thirty-four per cent had been visited previously and will eventually be visited during their present pregnancy.

A review of the literature on the role of the nurse revealed that "the non-nursing public probably has an image of 'the nurse' always at the bedside of the patient."¹³ It is suspected that the image of the nurse held by most in the community is essentially based on this traditional role of the nurse at the bedside rather than her present functions.¹⁴ Care of the sick is one of the nurse's basic functions which has remained consistent through the years. This narrow interpretation should be broadened to include concern for and work with well persons.¹⁵

Some families still think of the public health nurse primarily as

¹³Kenneth D. Benne and Warren Bennis, "What is Real Nursing?" The American Journal of Nursing, 59:380, March, 1959.

¹⁴Leonard Reissman and John H. Rohrer, Change and Dilemma in the Nursing Profession (New York: G. P. Putnam's Sons, 1957), p. 15.

¹⁵Hayes and Gazaway, op. cit., p. 235.

a bedside nurse.¹⁶ The situation of the hospital nurse and the public health nurse differ. For instance, the public health nurse visits the patient in the home where the patient is very secure in her own surroundings, and the nurse is the outsider. Not all of the public health nurse's patients are sick. As an example, when visiting a prenatal patient, the public health nurse usually has a healthy person to work with which provides circumstances conducive to mutually profitable relationships.¹⁷

It is revealed in Table II that the majority of the respondents indicated that the main thing the public health nurse does, (question 4), when she visits is to give help and advice.

TABLE II
THE ONE MAIN THING THE PHN DOES WHEN
SHE VISITS

Function	Number
Gives help and advice	69
Checks on people and things	13
Gives shots and bedside care	2
Gets information	16
Total	100

¹⁶ Ruth Gilbert, The Public Health Nurse and Her Patient (Cambridge: Harvard University Press, 1955), p. 12.

¹⁷ Hayes and Gazaway, op. cit., p. 266.

Gilbert found that many families see the public health nurse as a "helping" person. They realize that she has a useful knowledge of health matters and for this reason will wish to learn all that she can offer, will seek her out, and will use the information well.¹⁸ Bedside care was rated as lowest in the public health nurse's functions by prenatal patients. The aim of the public health nurse is to give help and advice, and the patients' responses seem to indicate that she is accomplishing that goal. In the county studied most of the public health nurses do not give "shots and bedside care," particularly to this age group. This might explain the low rating of this function.

Question five asked whether the patient would feel free to call the public health nurse when she needed help. An overwhelming majority, or ninety-three per cent of the patients, answered, "Yes." Only two per cent stated they would not feel free to call her, and the remaining five per cent were undecided.

The next question, (question 6), asked if they had ever called her for help. Eighty per cent answered, "No," nineteen per cent answered, "Yes," and one per cent could not remember. It was speculated that this might be affected by the number of times the public health nurse had visited them. Of those who had called the public health nurse, (Table III), eighty-four per cent had been visited more than once. In comparison, approximately fifty per cent of those who had not called her for help had been visited only once.

¹⁸ Gilbert, loc. cit.

In a study done of 428 interviewed persons, it was revealed that the concept of the public health nurse's functions were limited to personal or family experience. They tended to limit the whole function of the public health nurse to the services given them personally. Some individuals expressed confidence in the public health nurse as a person who can help with many problems even if it "wasn't her business."¹⁹ In another study, functions of the public health nurse receiving the highest scores were in the areas of instruction for new babies, advice to pregnant women, and care of the sick in the home. These services are traditional for the public health nurse.²⁰

TABLE III

NUMBER OF TIMES VISITED BY PHN
CORRELATED WITH CALLING THE PHN

PHN Called	Number and Per Cent of Times Visited by PHN*					
	Once		2-5		More than five	
	No.	%	No.	%	No.	%
Yes	3	(16)	9	(47)	7	(37)
No	39	(49)	30	(37)	11	(14)
Total	42		39		18	99**

*Per Cents are given in parenthesis.

**This total excludes one which was "not sure."

¹⁹Margaret L. Shetland, A Method for Exploring Bases of Curriculum Development (New York: National League of Nursing, 1955), pp. 45, 48.

²⁰Kathleen Lepper and Thelma Coyne, "The Public Health Nurse--Who is She? What Does She Do?" Public Health Nurse, 44:445, August, 1952.

Because of these studies, a question was included to ascertain which problems people might ask the public health nurse to help with. The data in Table IV agrees with Lepper's findings that the highest scores were in the areas of baby and child care and care of the ill.²¹ The respondents might have indicated baby and child care more because they are in the childbearing age and this is the area the public health nurse has probably helped them with most. Family planning information also received a high score as one of her functions.

TABLE IV

PROBLEMS FOR WHICH PEOPLE
MIGHT ASK THE PHN TO HELP

Problems	Number
Baby and children	93
Personal problems	35
Household management & budgeting	18
Illness	86
Family planning	81
None of these	1

Personal problems, household management and budgeting, and family planning were correlated with pertinent personal characteristics such as ethnic group, age, education, and gravida of the patients. (See Table V). Helping with personal problems, as a function of the public health nurse,

²¹Ibid.

TABLE V

PERSONAL CHARACTERISTICS OF RESPONDENTS
 COMPARED WITH THE TYPE OF PROBLEMS
 THEY WOULD ASK THE PHN TO HELP WITH

Respondents Personal Characteristics	*Number and Per Cent of Problems PHN Would Help With					
	Total	Personal		Household		Family
	Number in Population	Problems No.	%	Management & Budgeting No.	%	Planning No. %
<u>Ethnic Group</u>						
Mex.-Amer.	38	13	(39)	8	(24)	27 (81)
White	41	13	(31)	9	(22)	25 (60)
Negro	20	7	(35)	10	(50)	11 (55)
Other	1	0		0		0
Total	100	33		27		63
<u>Age</u>						
Less than 20	39	11	(21)			28 (70)
20-29	42	11	(31)			20 (61)
30-39	18	10	(55)			10 (55)
40 and over	1	1	(100)			1 (100)
Total	100	33				59
<u>Education</u>						
8 and less	15	6	(40)	2	(13)	11 (73)
9-10	32	7	(22)	8	(25)	19 (51)
11-12	49	17	(35)	17	(35)	30 (61)
over 12	4	2	(50)	0		3 (75)
Total	100	32		27		63
<u>Gravida</u>						
First	28					19 (67)
2-4	36					24 (66)
5-7	23					14 (60)
8 and more	13					7 (54)
Total	100					64

*Per Cents are given in parenthesis.

is directly proportionate to the age of the respondents. Negroes selected household management and budgeting as a function of the PHN* twice as frequently as the other ethnic groups. It is interesting to note that family planning was chosen most frequently by the Mexican ethnic group. The selection of family planning is inversely related to age under forty. Education and gravida do not appear to be significant influencing factors on family planning.

In Table VI are per cent totals which relate to places where the PHN might work, (question 8). Public health nurses in the county studied might work in any of the places listed. It is speculated that because the patients were in the child-bearing age, most of whom had children, their contacts with the PHN might be primarily centered around baby clinic, or in the home.

TABLE VI
PLACES THE PHN MIGHT WORK

Work Location	Number
Baby clinic	96
School	61
Parents' Classes	54
Community planning	55
Home	92

*PHN is used to refer to public health nurse.

In the question asking whether the PHN is able to answer people's questions, (question 9), eighty-six per cent indicated "usually" and fourteen per cent answered, "sometimes." This seems to correspond with Gilbert's findings which showed that respondents stated the PHN was knowledgeable in health matters. ²²

In response to the question, "How do you feel about the PHN visiting you?" (question 10), eighty-nine per cent replied that they were "pleased," nine per cent did not care, and two per cent preferred she did not visit them.

In evaluating the services given by the PHN, (question 11), ninety-four per cent indicated that they were "usually satisfied," four per cent were "somewhat satisfied," and two per cent had no opinion.

Of the one-hundred and fourteen persons interviewed in Shetland's study who had had contact with the PHN, ninety-six of them expressed general satisfaction with the service received, and eight expressed dissatisfaction. Meeting the needs of the family, being interested in the family, knowing her job, and sharing their ideas related to satisfaction with the services of the PHN and the failure in these led to dissatisfaction. One of the reasons, he found, for dissatisfaction with services of the public health nurse was that she was too "nosey." ²³

The preferred approach used by the public health nurse, (question 12), in fifty-two per cent of the responses was to "give them ideas and

²²Gilbert, op. cit., p. 22.

²³Shetland, op. cit., pp. 44-48.

let them decide," three per cent would rather the PHN "tell them what to do," and forty-five per cent preferred "a little of both."

In Table VII the approach is correlated with ethnic group and level of education of the respondents. The Negroes indicated a greater preference for the PHN to give ideas and let them decide. In contrast, the Mexicans were the only ethnic group with some respondents, (8%), who preferred the PHN to tell them what to do. Saunders stated:

In the culture of the Spanish-speaking people...there is a tradition of dependence and a correlative lack of any emphasis on the necessity for independence....It is not enough to present the Spanish-speaking person with a set of alternatives and point out a course of action, because his choice between alternatives and judgments about the action may be determined by considerations that are either largely outside the Anglo cultural pattern or not highly valued in it. ²⁴

The preference for the PHN giving ideas and letting the patients decide, as indicated in Table VII, is directly related to the amount of education held by the respondents. The reverse relationship is found for the preference of telling them what to do.

Sixty-nine per cent of the respondents stated they usually followed the PHN's suggestions, (question 13), twenty-eight per cent sometimes did, and three per cent stated they never did.

Hayes and Gazaway have cautioned that it is important for the PHN to be aware of the patients' opinions as she is working with families who already have acquired information about pregnancy and medical practices from radio, television, newspaper, or magazine articles. ²⁵

²⁴Saunders, op. cit., pp. 212-213.

²⁵Hayes and Gazaway, op. cit., p. 269.

TABLE VII
PREFERRED APPROACH CORRELATED WITH
ETHNIC GROUP AND LEVEL OF EDUCATION OF THE RESPONDENTS

PREFERRED APPROACH	ETHNIC GROUP						EDUCATION BY GRADES							
	White		Mexican		Negro		8 and less	9-10	11-12	Over 12				
	*No.	%	No.	%	No.	%	No.	%	No.	%				
Give ideas & let them decide	21(50)		18 (47)		12(60)		6(43)		16(50)		25(53)		3(75)	
Tell them what to do	0		3 (8)		0		1(7)		1(3)		1(2)		0	
Some of both	20(50)		17 (45)		8(40)		7(50)		15(47)		22(45)		1(25)	
Neither							1				1			
Total	41(100)		38(100)		20(100)		15(100)		32(100)		49(100)		4(100)	

*Per cents are given in parenthesis.

Bernays, in a questionnaire study of 2,000 opinion molders, concluded his report with, "What those who mold public opinions through the written or spoken word think or say about the nursing profession may be the most important single factor in its present and future status in society." ²⁶

In Table VIII, (question 14), the sources of information are listed with their frequency totals. Thirty-four indicated they had received no information about the public health nurse prior to personal contact with her. Of the remaining, the source of information for the majority was by word of mouth. Most frequent modes of transmission were relatives, friends, and neighbors in order.

In an exploratory investigation of consumer's perceptions of their health needs and problems, it was found that they looked to the PHN for support, understanding, reassurance and comfort. ²⁷ King stated, "women did not perceive the nurse in a competitive resentful way; rather, they saw her as less self-oriented than most women...and as more interested in the problems and well-being of other people." ²⁸

In Table IX, page 20, is a summary of the findings on personal characteristics of the PHN, (question 15), as identified in this study.

²⁶ Edward L. Bernays, "Opinion Molders Appraise Nursing," The American Journal of Nursing, 45:1005, December, 1945.

²⁷ Marion Ferguson and others, "What Does the Consumer Want?" Nursing Outlook, 2:573, November, 1954.

²⁸ Stanley H. King, Perceptions of Illness and Medical Practice (New York: Russell Sage Foundation, 1962), p. 266.

TABLE VIII
SOURCES OF INFORMATION
ON PUBLIC HEALTH NURSES AS STATED BY RESPONDENTS

Sources	Number
Friends	25
Relatives	32
Neighbors	20
Reading	30
Television	16
Radio	5
Movies	12
Other	9
None	34

TABLE IX
DESCRIPTION OF PUBLIC HEALTH NURSES
AS GIVEN BY RESPONDENTS

Personal Characteristics	Usually	Some- times	Never	Total
Friendly	98	2	0	100
Helpful	92	8	0	100
Good listener	93	7	0	100
Cheerful	96	4	0	100
Encouraging	89	9	2	100
Neat	99	0	1	100
Dependable	97	3	0	100
Trusting	94	6	0	100
Nosey	1	7	92	100
Bossy	0	3	97	100

As indicated in Table IX, the majority of respondents have a good image of the PHN's personal attributes.

In the study, "The Evaluation of Nurses by Male Physicians," it was recognized that there are many image types. The study stated that:

There are several ideal type images of the nurse-ideal not in the sense that they are necessarily 'good' but rather in the sense that it is never possible to find a real personification of them. They are imaginary perfections of a type. For example, the Charles Dickens' character Sarah Gamp, appears often in contemporary nursing literature as the ideal type of the careless, dirty, untrained nurse. An image of the 'ministering angel' has been constructed to represent the ideal type of altruistic, self-sacrificing, kind, and sympathetic nurse. Another ideal type is the modern, starched, businesslike, efficient trim, technically expert, coolheaded nurse.... Most nurses probably have a combination of all three of these elements in varying degrees. But public images tend to be all-or-nothing sorts of things.²⁹

In the image of the nurse, the predominant element is that of providing human companionship, compassion, and personal services.³⁰ There are two main activities the nurse is concerned with. One is the healer activity which is centered around those tasks which are specifically necessary to combat the patient's illness, which are essentially masculine. In public health this activity is emphasized. The other activity concerns mother surrogate activities centered around everyday tasks of living which the patient must have others do for him, which are essentially feminine.³¹

²⁹The Evaluation of Nurses by Male Physicians, Part I of a Study of the Registered Nurse in a Metropolitan Community (Kansas City: Community Studies Incorporated, March, 1955), p. 9.

³⁰King, loc. cit., p. 266.

³¹Sam Schulman, "Basic Functional Roles in Nursing: Mother Surrogate and Healer," Patients, Physicians, and Illness (Glencoe: The Free Press, 1958), pp. 528-537.

Several studies have been done comparing the public image of the nurse with other professions, primarily teachers and social workers. These three occupations all have women numerically predominant and a common feeling among their constituents that they are accorded neither status nor monetary rewards commensurate with the required educational investment.³²

Because of these studies a question was included, (question 16), comparing the images of teachers, public health nurses, and social workers. The respondents were asked to compare by rating the above three professions in the areas listed in the summary table, Table X. Each of the characteristics were then correlated with education and ethnic groups in tables that follow.

The Kansas City Study showed that school teachers were given a better Occupational Evaluation Index than the nurse by all socio-economic groups except the lowest, and in this group the difference was not statistically significant.³³ Similar findings are indicated in Table X. In Table XI, page 24, a direct relationship was revealed between the level of education of the respondents and the status they accorded the teacher. On the other hand, those with a low level of education accorded the PHN and social worker with the highest status and the teacher with the lowest.

King, an anthropologist, stated that "in the world outside the

³² The Evaluation of Nurses by Male Physicians, op. cit., p. 13.

³³ Irwin Deutscher, Public Images of the Nurse (Kansas City: Community Studies, Incorporated, 1955), pp. 31-40.

TABLE X
COMPARISON OF CHARACTERISTICS RATED HIGHEST
IN THREE PROFESSIONS

Traits	Teacher	PHN	*SW	Same	Total
Looked up to most	37	36	24	3	100
Goes to school longest	52	30	15	3	100
Makes most money	36	17	41	6	100
Most devoted	32	47	12	9	100
Most understanding	18	44	32	6	100
Most impersonal	32	9	54	5	100
Most lady-like	25	51	19	5	100
Highest morals	34	40	16	10	100

*SW refers to social worker.

hospital, the nurse is likely to have less prestige than persons in other occupations that fall into the same salary range.³⁴ However, as indicated in Table X, page 23, the PHN ranked a close second to the teacher in this area.

TABLE XI

*NUMBERS AND PERCENTAGES OF
TRAIT, "LOOKED UP TO MOST," COMPARED WITH
EDUCATION AND ETHNIC GROUP OF RESPONDENTS

Looked up to most	Total	ETHNIC GROUP			YEARS OF EDUCATION			
		White No. %	Mexican No. %	Negro No. %	8 and less No. %	9-10 No. %	11-12 No. %	Over 12 No. %
Teacher	37	17(42)	13(34)	7(35)	4(27)	10(31)	20(41)	3(75)
PHN**	36	14(34)	15(40)	6(30)	7(47)	11(36)	17(35)	1(25)
SW	24	9(22)	8(21)	6(30)	3(33)	9(28)	12(24)	0
Same	3	0	2	1	1	2	0	0
Total No.	100	41	38	20	15	32	49	4

*Per cents are given in parenthesis.

**PHN ethnic group total includes one "other" not shown.

The Mexican ethnic group viewed the length of the teacher's education as being longer than the other two professions and the PHN as going to school for the least amount of time. (See Table XVIII in Appendix B). One possible explanation for this might be that both the PHN and social

³⁴King, op. cit., p. 258.

worker purposefully attempt to communicate with patients on their own levels, which may lead the patients to identify the PHN's and social worker's level of education with their own levels. The teacher demonstrates a higher level of education in the classroom. The respondents have also had prolonged contact with the teacher as an authoritative figure.

According to Table X, page 23, the respondents rated the social worker first, teacher second, and PHN third in amount of income received. To account for this, the low income of nurses in general may have been more widely publicized than that of the other two professions. Social workers probably have received the least publicity in this respect. The Negroes viewed all three professions as having similar incomes. (See Table XIX, Appendix B). The Whites viewed the PHN markedly lower than the other two professions.

In the summary table, Table X on page 23, public health nurses were rated as the most devoted, teachers second, and social workers third. The Negroes, (Table XX, Appendix B), considered the PHN to be much more devoted to her work than the teacher or social worker.

The lower socio-economic class, according to Deutscher's study, described the nurse as being more composed, competent, emotionally stable, sympathetic, kind, understanding, and more patient than the average person. She assumed more of a mother role to them. The PHN was rated (Table X, page 23) in this study as also being the most understanding, while the social worker ranked second, and the teacher third. Many respondents

³⁵Deutscher, op. cit., p. 22.

indicated that the PHN was someone who was willing to listen to their problems. This trait, "most understanding," is compared with ethnic group and educational level of the respondents in Table XXI, Appendix B.

The Kansas City Study revealed that the public expects a business-like relationship more frequently from the school teacher or social worker than from the nurse.³⁶ As shown in Table X, page 23, the PHN was also rated the least business-like or most impersonal of the three professions. Abramovitz suggested a possible reason for this might be that when a relationship of a person with the PHN develops, he may view the source of help not as a "nurse" or a "professional" but as a "person."³⁷ Most of the prenatal patients in this study hinted that the PHN was a friendly type visitor. The trait, "most impersonal" or "most business-like," is compared with the respondents' ethnic group and level of education in Table XXII, Appendix B.

The PHN was viewed as the most lady-like profession in Table X, page 23. One possible reason might be, as some of the respondents stated, that they had less contact with women teachers and social workers and most had never known a male PHN. The Mexicans, see Table XXIII, Appendix B, viewed the PHN considerably more lady-like than the other two ethnic groups.

The PHN, as illustrated in Table X, page 23, was rated as having

³⁶ King, op. cit., p. 251.

³⁷ Abraham B. Abramovitz, Emotional Factors in Public Health Nursing (Madison: The University of Wisconsin Press, 1961), p. 144.

the highest morals. However, in looking at Table XXIV, Appendix B, one can see that the white ethnic group was the only group to indicate that the PHN had higher morals than the other two professions.

For the lower class, "nursing is one of the noblest of all professions--a nurse is in a position in which she will be able to make a good marriage and give her husband and children the advantage of her knowledge." ³⁸ In Simmons' study, both the men and women of the lower class agreed that they would like their daughters to become nurses.

In question 17, fifty-three per cent of the respondents stated they would prefer their daughter to become a PHN, twenty-seven per cent stated a teacher, nineteen per cent a social worker, and one per cent had no preference. This question was correlated in Table XII with which

TABLE XII
COMPARISON OF PREFERRED PROFESSION
FOR DAUGHTER WITH PROFESSION LOOKED UP TO MOST

Preferred Profession for Daughter	Profession Looked Up To Most				Total
	Teacher	PHN	SW	Same	
Teacher	14	8	5	0	27
PHN	16	23	13	1	53
Social Worker	7	5	6	1	19
No Answer	0	0	0	1	1
Total Number	37	36	24	3	100

³⁸Simmons and Henderson, op. cit., p. 26.

profession the respondents had indicated they looked up to most. A greater number of those preferring their daughter to be a PHN also had looked up to the PHN most.

Question 18 referred to whether or not there was a preference for the PHN to wear a uniform. In the county studied, public health nurses do not regularly wear uniforms. Because this has been a controversial matter, the investigators hoped to reveal the patients' preferences as well as reasons for their choice. Table XIII gives a summary of these findings.

TABLE XIII

RESPONDENTS' PREFERENCE FOR
THE PHN TO WEAR A UNIFORM

Uniform Preference	Number
Yes	17
No	39
Don't Care	44
Total Number	100

Reasons for not wishing the PHN to wear a uniform were in order: ease of talking to her (fifty-nine per cent), other (fifteen per cent), anonymous identity (thirteen per cent), concern for comfort of PHN (ten per cent), and three per cent stated no reason.

Related to this, question 21 asked whether the patients preferred the PHN to drive her own car or one marked as a county car to their homes.

Seventy-four per cent did not care, sixteen per cent preferred she drive her own car, and ten per cent preferred she drive a county car.

Question 22 asked what the age preference would be for the "ideal" PHN. Table XIV gives a summary of these findings. No one preferred a public health nurse less than twenty years of age. Ages twenty to twenty-nine were preferred. There may be some association between the fact that the average respondent's age is between twenty-five and twenty-nine and the desire of a PHN of the same age.

In response to the question whether they preferred a PHN of their own race or nationality to visit them, (question 23), eighty-eight per cent had no preference, and twelve per cent indicated a preference. Of these twelve per cent, one had a language barrier and another qualified her answer by stating a preference for her own nationality, Mexican, because the PHN would more likely be of the Catholic religion.

Social class has been defined as a subculture within a larger society, with its membership determined by tastes and values of persons and by people with whom one associates.³⁹ Hayes states that it seems the nurse's status varies from patient to patient; "in some instances she is highly respected, almost worshiped, whereas in other situations she may be regarded as a servant."⁴⁰

³⁹Public Images of the Nurse (Part 2 of A Study of Registered Nurses in a Metropolitan Community. Kansas City: Community Studies, Incorporated, August, 1955), pp. 5-6.

⁴⁰Hayes and Gazaway, op. cit., p. 245.

TABLE XIV

IDEAL PHN'S AGE
AS INDICATED BY RESPONDENTS

Ideal Age	Number
Less than 20	0
20-24	20
25-29	33
30-39	37
40-49	6
Over 49	0
No preference	4
Total	100

Forty-seven per cent of the respondents in this study indicated in question 24 that public health nurses were in the middle class socially, thirty-one per cent in the working class, eighteen per cent in the upper class, three per cent in the lower class, and one per cent "did not know."

A comparison was made of those respondents who indicated the PHN was in the working and lower class with those respondents who rated her as having the least prestige among the professions in question 16, (Table X, page 23). It was suspected that those placing the PHN in the lower social classes had probably rated her lower than the other two professions. However, the PHN was looked up to more by these respondents than were the teacher and social worker, (See Table XXV, Appendix B).

Question 25 compared the education of the PHN with hospital registered nurses, (RN), and practical nurses. The respondents were asked to rank the educational levels of these in order. It is summarized in Table XV.

TABLE XV

RATING OF EDUCATIONAL LEVELS OF THE PHN,
HOSPITAL RN, AND PRACTICAL NURSE BY RESPONDENTS

Types of Nurses	Rating of Educational Level					Total
	1*	2	3	Same	Don't Know	
PHN	14	48	35	2	1	100
Hospital RN	71	20	6	2	1	100
Practical Nurse	12	28	58	1	1	100

*1 refers to the most education.

3 refers to the least education.

The hospital RN was ranked first in educational level by a great majority. The PHN and practical nurse were ranked by the remaining respondents almost equally in that position. However, the PHN ranked highest in second place and the practical nurse ranked highest in third place. A study by Hughes revealed that one-third of the sample in the lower socioeconomic group said there was no difference between the PHN and the practical nurse.⁴¹

King stated that when a patient becomes ill he tends to regress emotionally and to perceive those caring for him in the hospital much as a child perceives his family. He may perceive "the nurse as a mother image, comforting, protecting, supporting, meeting his need for succor."⁴² Sometimes she is the focal point of strong needs and reactions.⁴³ One possible reason for the hospital RN receiving the highest rank in educational level may be because the ill person in the hospital is more dependent on her to meet his needs, and associates her with the doctor as his helper in time of crisis. Bettelheim stated that the public image of the nurse is that of an efficient and obedient helper of the physician.⁴⁴ The hospital patient has the opportunity to observe the hospital

⁴¹Hughes, Hughes, and Deutscher, op. cit., p. 224.

⁴²King, op. cit., p. 250.

⁴³Weston La Barre, "The Patient and His Families," Casework Papers 1958 (New York: Family Service Association of America, 1958), pp. 61-71.

⁴⁴Bruno Bettelheim, "To Nurse and to Nurture," Nursing Forum, 1: 61, Summer, 1962.

RN carrying out technical skills which are often associated with a higher level of education. Hayes stated that the PHN visits in the home where the nurse is an outsider and most of her patients are healthy.⁴⁵ She therefore, does not always demonstrate her technical knowledge.

The public health nurse's education has been compared with other professions in questions 16 and 25. In question 26, the respondents were asked to state how many years of schooling it takes to become a PHN. (See Table XVI).

TABLE XVI
YEARS OF SCHOOLING NEEDED TO BECOME A
PHN AS STATED BY RESPONDENTS

Years of Schooling	Total
Less than high school	1
High school only	13
One to two years of college	46
College graduate	37
Post baccalaureate	3
Total	100

In comparing this question, Table XVI, with the previous one (Table XV), it is of interest to note that while she was rated far below the hospital RN in the amount of education, eighty-six per cent stated the PHN had one year of college or more and nearly forty per cent indicated that she

⁴⁵ Hayes and Gazaway, op. cit., p. 266.

was a college graduate. One wonders what level of education they had in mind for the hospital RN. Perhaps in question 25, they were thinking more of the amount and use of technical skills employed by the hospital RN and her close relationship with doctors and hospitals which are associated with prestige.

It was speculated that the study would be enhanced by an open-ended question relating to how the patients felt the PHN could be most helpful to them if they could have any kind of help they wished, (question 27). Ferguson and others reported that in an exploratory investigation of consumers' perceptions of their health needs and problems, it was found that they "looked to the nurse for support, understanding, and reassurance in problems of everyday living as well as in times of crisis." They wanted the nurse to come into their homes so they could talk to her about their problems. They repeatedly brought out what comfort and relief it was to have a nurse come into their homes. They saw her as a liaison between them and the busy physician. The pregnant women felt a need to express their fears, and to have reassurance from someone who had knowledge, understanding, and enough time to talk with them besides their physical needs being met by a physician.⁴⁶

The responses to question 27 were grouped into seven categories. In Table XVIII is a summary of these findings. Nearly forty per cent stated they did not know how she could be most helpful. It was felt that many of these respondents replied such because they were either satisfied with

⁴⁶

Ferguson and others, op. cit., pp. 572-573.

TABLE XVII

WAYS THE PHN COULD BE MOST HELPFUL
AS INDICATED BY THE RESPONDENTS

PHN Most Helpful	Number
Don't know	39
Giving advice	19
Checking	3
Resource person	32
Reminding person	2
Offering encouragement	3
Other	2
Total	100

their present services or it was difficult for this abstract question to have meaning to them. The results of this question seem to agree with Ferguson's study which pointed out that patients see the PHN as a helping and resource person.⁴⁷

⁴⁷Ibid.

CHAPTER III

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

A summary of the literature reviewed on the functions of the PHN indicated that many still see her at the bedside. She gives advice most often in the areas of prenatal care, infant care, and care of the sick at home. Most patients are satisfied with her services. They see the PHN as helpful, understanding, comforting, and a companion figure. The low socio-economic level views nursing as a noble profession. In comparing the PHN with the hospital registered nurse, the PHN usually cares for healthy individuals in their own environments and is viewed more as a "person" than a "professional"; whereas the hospital RN is seen as a helper to the physician. The low socio-economic class makes little distinction between the PHN and the practical nurse. Nurses are generally given less prestige than other members of helping professions by all socio-economic levels except the lower level.

The summary and conclusions of the data collected in this study are divided into the following three categories: the image of the PHN as a person, her functions, and how her image compares with other helping professions.

The over-all image of the PHN was that of a "helping" person whom the patients felt free to call when needed because they felt she was usually able to answer their questions. The majority of the respondents described her as being usually friendly, helpful, a good listener, cheerful, encouraging, neat, dependable, and trusting. They also stated she

was never bossy or nosey. The preferred age range given for the PHN was twenty to thirty-nine years. Most patients had no racial preference in the PHN. Therefore, it seems unnecessary to match race of the patient with that of the PHN. They also saw her as a member of the middle social class who had had at least one year of college. Approximately three-fourths of the respondents either had no preference or preferred that the PHN not wear a uniform. Most respondents had no preference for the type of car, county or personal, driven to their homes.

In summarizing the PHN's functions, most patients were pleased that she visited them and were satisfied with the services given. They saw her as helping most with: baby and children, illness, and family planning. This might be accounted for because the population consisted only of prenatal patients with the majority having had previous pregnancies. Their interests and experiences have been mainly related to these areas. Places where she might work most frequently were listed as baby clinic and in the home. The preferred approach of the PHN was to give ideas and let the patients decide or this combined with telling them what to do. The Negroes, compared with the other ethnic groups, indicated a slightly greater preference for being given ideas and deciding themselves. In contrast, the Mexicans were the only ethnic group which had some members, eight per cent, preferring to be told what to do. The preference for letting them decide was directly related to the amount of education held by the respondents. Public health nurses should be aware of the preference as they advise prenatal patients. Nearly three-fourths of the patients stated they usually followed the public health nurse's suggestions.

Prenatal patients receive information regarding the PHN primarily by word of mouth. The PHN should be aware that she is constantly involved in public relations because the image she leaves, good or bad, may be relayed to friends, relatives, and neighbors. It thus appears that the PHN, herself, is a very important determiner of the future image of public health nursing.

In comparing the patients' image of the PHN with teachers and social workers, a summary of the findings include: the prestige of the PHN and the teacher is very similar; the PHN goes to school less than the teacher but more than the social worker; the PHN makes the least money, is most devoted, most understanding, most feminine, least business-like and has the highest morals. Slightly over half of the respondents preferred their daughters to become public health nurses rather than teachers or social workers. A comparison of the PHN's education with the hospital RN and the practical nurse revealed that the hospital RN ranked first in amount of education by a great majority. The practical nurse and PHN were tied closely, by the remaining respondents, as having the most education. This points to the need for public health nurses to identify themselves to their patients as registered nurses with special public health instruction, who are usually college graduates. Public health nurses should also explain to the patients their functions and how they can be of service. This would increase the patient's awareness of the purpose of the PHN's visit.

Further study could profitably be conducted on the following questions:

1. How does the desire for family planning correlate with cultural

background?

2. Would an authoritative approach with patients increase or decrease the patient's respect and prestige for the PHN?
3. Why is the educational level of the hospital RN rated higher than that of the public health nurse?
4. How does the type of dress affect the patient's image of the PHN when a uniform is not worn?
5. Do patients consistently prefer a PHN of their own age to visit them?
6. How would the findings of this study compare with similar studies using patients who have received nursing care in the home?

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APPENDIXES

APPENDIX A

INTERVIEW GUIDE

1. Has the PHN ever visited you?

- 0 yes
- 1 no
- 2 don't know

2. Approximately how many times has she visited you?

- 0 once
- 1 2-5
- 2 more than five

3. Has she visited you during this pregnancy?

- 0 yes
- 1 no

4. What is the one main thing she does when she visits?

- 0 gives help and advice
- 1 checks on people and things
- 2 gives shots and bedside care
- 3 gets information

5. Would you feel free to call her when you need help?

- 0 yes
- 1 no
- 2 not sure

6. Have you ever called her for help?

- 0 yes
- 1 no
- 2 can't remember

7. Which of these problems might people ask the PHN to help with?

- | | |
|---|-------------------|
| 0 baby and children | 3 illness |
| 1 personal problems | 4 family planning |
| 2 household management
and budgeting | 5 other |

8. In which of the following places might the PHN work?

- | | |
|--------------------|----------------------|
| 0 baby clinic | 3 community planning |
| 1 school | 4 home |
| 2 parents' classes | 5 other |

9. Is she able to answer people's questions?

- 0 usually
- 1 sometimes
- 2 never

10. How do you feel about the PHN visiting you?

- 0 prefer she didn't
- 1 embarrassed
- 2 don't care
- 3 pleased
- 4 other

11. On the whole, how do you feel about the services she has given you?

- 0 usually satisfied
- 1 somewhat satisfied
- 2 unsatisfied
- 3 no opinion

12. Which do you prefer the PHN to do?

- 0 give you ideas and let you decide
- 1 tell you what to do
- 2 a little of both
- 3 neither
- 4 other

13. How often do you follow her suggestions?

- 0 usually
- 1 sometimes
- 2 never

14. From which of the following have you received information about a PHN?

- | | |
|-------------|----------|
| 0 friends | 4 TV |
| 1 relatives | 5 radio |
| 2 neighbors | 6 movies |
| 3 reading | 7 other |

15. If you were going to tell your neighbor about the PHN, how would you describe her?

	<u>Usually</u>	<u>Sometimes</u>	<u>Never</u>
0 friendly	_____	_____	_____
1 helpful	_____	_____	_____
2 a good listener	_____	_____	_____
3 cheerful	_____	_____	_____
4 encouraging	_____	_____	_____
5 neat	_____	_____	_____
6 dependable	_____	_____	_____
7 trusting	_____	_____	_____
8 nosey	_____	_____	_____
9 bossy	_____	_____	_____

16. How would you compare the following three professions in these areas? Which is most, least?

	<u>Teacher</u>	<u>PHN</u>	<u>SW</u>	<u>Same</u>
0 looked up to most	_____	_____	_____	_____
1 goes to school longest	_____	_____	_____	_____
2 makes the most money	_____	_____	_____	_____
3 most devoted to work	_____	_____	_____	_____
4 most understanding	_____	_____	_____	_____
5 most impersonal	_____	_____	_____	_____
6 most lady-like	_____	_____	_____	_____
7 highest morals	_____	_____	_____	_____

17. Which would you prefer your daughter to be if she could?

- 0 teacher
- 1 PHN
- 2 social worker

18. Would you prefer the PHN to wear a uniform when visiting you?

- 0 yes
- 1 no
- 2 don't care

19. If yes, why?

- 0 identification
- 1 cleanliness and neatness
- 2 nurses expected to
- 3 other

20. If no, why?

- | | |
|------------------------------|------------------|
| 0 identification | 2 easier to talk |
| 1 more comfortable for nurse | 3 other |

21. Would you prefer the PHN to drive her own car or one marked as a county car to your home?

- 0 own car
- 1 county car
- 2 don't care

22. What age do you think the ideal PHN would be?

- | | |
|----------------|-----------------|
| 0 less than 20 | 4 40-49 |
| 1 20-24 | 5 50+ |
| 2 25-29 | 6 no preference |
| 3 30-39 | |

23. Would you prefer a PHN of your own race or nationality to visit you?

- 0 yes
- 1 no
- 2 no preference

24. Which social class do you think most PHN's are in?

- 0 upper
- 1 middle
- 2 working
- 3 lower

25. Which do you think has the most education? (Rank 1, 2, 3)

- | | <u>1</u> | <u>2</u> | <u>3</u> |
|---------------|----------|----------|----------|
| 0 PHN | _____ | _____ | _____ |
| 1 hospital RN | _____ | _____ | _____ |
| 2 PN or LVN | _____ | _____ | _____ |
| 3 same | _____ | _____ | _____ |
| 4 don't know | _____ | _____ | _____ |

26. How many years of school do you think it takes to become a PHN?

- | | |
|-----------------------------|---------------------------|
| 0 less than high school | 2 1 to 2 years of college |
| 1 high school graduate only | 3 college graduate |

27. If you as an expectant mother could have any kind of help you wanted from an ideal PHN regarding your pregnancy, what would you wish for?

28. How many grades did you finish in school?

- | | |
|-------------|---------|
| 0 8 or less | 3 13-14 |
| 1 9-10 | 4 15+ |
| 2 11-12 | |

29. What type of work does your husband do?

- | | |
|--------------------|-------------------------|
| 0 unemployed | 2 occasional employment |
| 1 out of household | 3 steady employment |

Personal Information from Chart:

30. Gravida

- | | |
|-------|-------|
| 0 1 | 2 5-7 |
| 1 2-4 | 3 8+ |

31. Ethnic Group

- | | |
|--------------------|---------|
| 0 White-American | 2 Negro |
| 1 Mexican-American | 3 Other |

32. Age

- | | |
|----------------|---------|
| 0 less than 15 | 4 30-34 |
| 1 15-19 | 5 35-39 |
| 2 20-24 | 6 40+ |
| 3 25-29 | |

33. Marital Status

- 0 Single
- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated

34. Trimester AP Care Sought

- 0 1st
- 1 2nd
- 2 3rd

Case Number _____

Day _____

Observer 0 1

APPENDIX B

TABLE XVIII

*NUMBERS AND PERCENTAGES OF
TRAIT, "GOES TO SCHOOL LONGEST," COMPARED
WITH EDUCATION AND ETHNIC GROUP OF RESPONDENTS

Goes to School Longest	Total	ETHNIC GROUP			EDUCATION			
		White No. %	Mexican No. %	Negro No. %	8 and less No. %	9-10 No. %	11-12 No. %	Over 12 No. %
Teacher	52	17(44)	24(63)	11(55)	7(47)	20(63)	24(57)	3(75)
PHN**	30	12(32)	7(19)	9(45)	6(40)	8(25)	15(33)	1(25)
SW	15	7(17)	8(21)	0	2(18)	5(16)	8(16)	0
Same	3					1	2	
Total No.	100	41	38	20	15	32	49	4

*Per cents are given in parenthesis.

**PHN ethnic group total includes one "other" not shown.

TABLE XIX

*NUMBERS AND PERCENTAGES OF
 TRAIT, "MAKES THE MOST MONEY," COMPARED
 WITH EDUCATION AND ETHNIC GROUP OF RESPONDENTS

Makes the Most Money	Total	ETHNIC GROUP			EDUCATION			
		White No. %	Mexican No. %	Negro No. %	8 and less No. %	9-10 No. %	11-12 No. %	Over 12 No. %
Teacher	36	15(36)	15(40)	6(30)	3(20)	14(44)	19(39)	0
PHN**	17	3(7)	7(18)	6(30)	2(13)	7(22)	6(12)	2(50)
SW	41	19(46)	15(39)	7(35)	8(53)	10(31)	21(43)	2(50)
Same	6	4	1	1	2	1	3	
Total No.	100	41	38	20	15	32	49	4

*Per cents are given in parenthesis.

**PHN ethnic group total includes one "other" not shown.

TABLE XX

*NUMBERS AND PERCENTAGES OF
TRAIT, "MOST DEVOTED TO WORK," COMPARED
WITH EDUCATION AND ETHNIC GROUP OF RESPONDENTS

		ETHNIC GROUP			EDUCATION			
Most Devoted	Total	White	Mexican	Negro	8 and less	9-10	11-12	Over 12
		No. %	No. %	No. %	No. %	No. %	No. %	No. %
Teacher	32	13(32)	16(42)	3(15)	4(27)	15(47)	9(18)	4(100)
PHN**	47	15(36)	18(48)	13(65)	9(60)	12(38)	26(53)	0
SW	12	7(17)	3(6)	2(10)	0	4(12)	8(16)	0
Same	9	6	1	2	2	1	6	
Total No.	100	41	38	20	15	32	49	4

*Per cents are given in parenthesis.

**PHN ethnic group total includes one "other" not shown.

TABLE XXI

*NUMBERS AND PERCENTAGES OF
 TRAIT, "MOST UNDERSTANDING," COMPARED
 WITH EDUCATION AND ETHNIC GROUP OF RESPONDENTS

Most Under- standing	Total	ETHNIC GROUP			EDUCATION			
		White No. %	Mexican No. %	Negro No. %	8 and less No. %	9-10 No. %	11-12 No. %	Over 12 No. %
Teacher	18	6(15)	7(18)	5(25)	2(13)	10(31)	6(12)	0
PHN**	44	20(49)	16(42)	7(35)	8(53)	13(41)	22(45)	1(25)
SW	32	12(29)	14(37)	6(30)	4(27)	8(25)	17(35)	3(75)
Same	6	3	1	2	1	1	4	
Total No.	100	41	38	20	15	32	49	4

*Per Cents are given in parenthesis.

**PHN ethnic group total includes one "other" not shown.

TABLE XXII

*NUMBERS AND PERCENTAGES OF
TRAIT, "MOST IMPERSONAL," COMPARED
WITH EDUCATION AND ETHNIC GROUP OF RESPONDENTS

Most Im- personal	Total	ETHNIC GROUP			EDUCATION			
		White No. %	Mexican No. %	Negro No. %	8 and less No. %	9-10 No. %	11-12 No. %	Over 12 No. %
Teacher	32	14(34)	10(26)	8(40)	2(13)	9(28)	18(37)	3(75)
PHN	9	4(10)	4(10)	1(5)	1(7)	3(9)	4(8)	1(25)
SW**	54	20(49)	24(63)	9(45)	10(66)	19(59)	25(51)	0
Same	5	3		2	2	1	2	
Total No.	100	41	38	20	15	32	49	4

*Per cents are given in parenthesis.

**SW ethnic group total includes one "other" not shown.

TABLE XXIII

*NUMBERS AND PERCENTAGES OF
TRAIT, "MOST LADY-LIKE," COMPARED
WITH EDUCATION AND ETHNIC GROUP OF RESPONDENTS

Most Lady- like	ETHNIC GROUP				EDUCATION			
	Total	White No. %	Mexican No. %	Negro No. %	8 and less No. %	9-10 No. %	11-12 No. %	Over 12 No. %
Teacher	25	9(22)	9(24)	7(35)	3(20)	7(22)	15(31)	0
PHN**	51	18(44)	25(68)	7(35)	6(40)	18(56)	23(47)	4(100)
SW	19	10(24)	4(10)	5(20)	4(27)	5(16)	10(20)	0
Same	5	4		1	2	2	1	
Total No.	100	41	38	20	15	32	49	4

*Per cents are given in parenthesis.

**PHN ethnic group total includes one "other" not shown.

TABLE XXIV

*NUMBERS AND PERCENTAGES OF
TRAIT, "HIGHEST MORALS," COMPARED
WITH EDUCATION AND ETHNIC GROUP OF RESPONDENTS

Highest Morals	Total	ETHNIC GROUP			EDUCATION			
		White No. %	Mexican No. %	Negro No. %	8 and less No. %	9-10 No. %	11-12 No. %	Over 12 No. %
Teacher	34	10(24)	15(45)	9(45)	6(40)	11(34)	15(31)	2(50)
PHN**	40	21(51)	11(29)	7(35)	4(37)	12(38)	22(45)	2(50)
SW	16	4(10)	10(26)	2(10)	1(7)	7(22)	8(6)	0
Same	10	6	2	2	4	2	4	
Total No.	100	41	38	20	15	32	49	4

*Per cents are given in parenthesis.

**PHN ethnic group total includes one "other" not shown.

TABLE XXV

COMPARISON OF THE PATIENTS' CLASSIFICATION
OF THE PHN IN THE WORKING AND LOWER CLASS
WITH THE THREE PROFESSIONS LOOKED UP TO LEAST*

Social Class PHN's Placed In	Teacher	PHN	SW	Same	Total
Working and lower class	12	8	12	2	34

*Refers to question 16, Table X, page 23.

LOMA LINDA UNIVERSITY

Graduate School

THE IMAGE OF THE PUBLIC HEALTH NURSE

AS SEEN BY THE

MEDICALLY INDIGENT PRENATAL PATIENT

by

Arlene Parrish Gray and Corlene Waddell Lambeth

An Abstract of A Thesis in Partial Fulfillment

of the Requirements for the Degree

Master of Science in the Field of Nursing

May 1966

ABSTRACT

The purpose of this study was to ascertain the image of the public health nurse as seen by the medically indigent prenatal patient who has had a public health nursing visit in the home. With this knowledge, she could plan a more effective approach, provide better services, and be better prepared to meet the needs of the prenatal patient. This study was aimed to explore the patients' concepts of the public health nurse's personal characteristics, her functions, and comparison of her image with other helping professions and to identify influencing factors affecting image formation. The exploratory approach was used and interviews were conducted with the aid of an interview guide on one-hundred prenatal patients in one county hospital prenatal clinic. The sample was chosen from available charts by the simple random method. The public health nurse was seen as a "helping" person with good personal qualities. Her functions were rated highest in the areas of baby and child care, care of the ill, and family planning. The patients were usually satisfied with the services received. The preferred approach by the patients was to be given ideas and decide for themselves. The patients preferred a public health nurse between the ages of twenty-five and thirty-nine and stated no racial preference. Most respondents either did not care or preferred that the PHN not wear a uniform. The public health nurse was viewed as having less education than the hospital registered nurse. She compared favorably with the teacher and social worker. Further study could profitably be conducted on the following questions: (1) How does the desire for family planning

correlate with cultural background? (2) Would an authoritative approach with patients increase or decrease the patients' respect and prestige for the public health nurse? (3) Why is the educational level of the hospital registered nurse rated higher than the PHN's? (4) How does the type of dress affect the patient's image of the public health nurse when a uniform is not worn? (5) Do patients consistently prefer a PHN of their own age to visit them? and (6) How would the findings of this study compare with similar studies using patients who have received nursing care in the home?